



**All applications turned in after July 1, 2016 will be considered for the Scholarship Waitlist**

## **Ojai Valley Neighborhood for Learning Scholarship Application School Year 2016-2017**

### **MISSION OF THE OJAI VALLEY NEIGHBORHOOD FOR LEARNING**

**The Ojai Valley Neighborhood for Learning (OVNfL)** is a tightly knit network of service providers, preschools, day-care

providers and educators all focused on a singular goal: making sure that Ojai Valley's children have the opportunity grow up in the most nurturing environment possible. These dedicated individuals and organizations serve the interests of children aged zero to five years old and their families through a variety of service programs, community workshops, and events.

### **PURPOSE OF THE PROGRAM**

The OVNfL provides scholarships to local families for preschool, licensed daycare, and young children's activities. The OVNfL helps fund ideas that support and enrich 0-5 year olds. The OVNfL hosts a variety of events, workshops, and classes for young children and families. The OVNfL is working to build a community rich with the support and connections that help every child and our community thrive.

### **COMPLETED APPLICATION CHECKLIST**

- Parents/ Guardians must be Ojai Valley Residents.
- Eligible children must be between the ages of 0-5.
- Copies of 2 Months of Pay Stubs (All Parents/Guardians in Household)
- Two Recent Utility Bills or One Utility Bill with a Rental Agreement (Address verification)
- Child's Birth Certificate
- Child/Spousal Support Documentation
- All areas requiring signature and initials have been completed.**

***Please Note:***

***Without full documentation, your application will be incomplete and will not be processed.***

**Packets can be mailed to:  
Ojai Valley Neighborhood for Learning  
414 E. Ojai Ave.  
P.O. Box 878  
Ojai, CA 93024**

**If you have any questions or concerns please  
contact OVNfL Program Director,  
Alisha Hicks  
(805) 640- 4300 x1062  
ahicks@ojaiusd.org**

**PARENT RESPONSIBILITY**

Parents/Guardians must participate in 4 designated OVNfL Family Forums and sign up to work a booth at the Annual Ojai Valley Family Festival. If you do not meet these requirements, you will not be eligible for the next round of scholarships and you are subject to having your current scholarship rescinded.

You must maintain a current balance at your provider. If you are one week behind in tuition, your scholarship will be rescinded.

**LIMITATIONS**

- ◆ Selected childcare providers of choice must be licensed, have their business located in the Ojai Valley area and must be registered with our NfL program. ( See Licensed OVNfL Contracted Providers)
- ◆ Parents will be responsible for partial tuition costs. If NfL funding ceases for whatever reason, parents will become fully responsible for provider tuition costs.
- ◆ Number of scholarship subsidies awarded is dependant on availability of funds.
- ◆ Criteria is subject to changes.
- ◆ Priority is given to children with the greatest need.
- ◆ Families with at least one stay at home parent or work part time are only eligible for part time scholarship funds.

**FAMILY INFORMATION**

Family Last Name		Home Phone Number		Alternate phone number	
Family Street Address			Apt. #	City	
Zip code					
Family Size (including adults, circle one)	1	2	3	4	5
	6	7+	Number of children in your household ages 0-5 years old (up to 6 <sup>th</sup> birthday)		1
					2
					3
					4
					5
What language is spoken most often in your home?					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mixteco <input type="checkbox"/> Korean <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Other _____ <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Filipino (Tagalong) <input type="checkbox"/> Somali <input type="checkbox"/> Arabic <input type="checkbox"/> Cambodian					
Total FAMILY INCOME in the last 12 months					
<input type="checkbox"/> Less than \$10,000		<input type="checkbox"/> \$30,000 – less than \$40,000		<input type="checkbox"/> More than \$75,000	
<input type="checkbox"/> \$10,000 – less than \$20,000		<input type="checkbox"/> \$40,000 – less than \$50,000		<input type="checkbox"/> No answer/prefer not to say	
<input type="checkbox"/> \$20,000 – less than \$30,000		<input type="checkbox"/> \$50,000 – less than \$75,000			
Where does your family currently live? (check only one box) This information will be used to determine if your child qualifies for additional assistance under the “No Child Left Behind Act of 2001”.					
<input type="checkbox"/> In a single family residence <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship			<input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> In a motel, car or camp site <input type="checkbox"/> Foster care placement or group home		
How did you hear about this program? (Check all that apply)					
<input type="checkbox"/> Friend or family member <input type="checkbox"/> Online (Please list) _____		<input type="checkbox"/> Neighborhood for Learning (NfL) <input type="checkbox"/> Flyer, brochure, etc. <input type="checkbox"/> Doctor or Nurse		<input type="checkbox"/> TV, newspaper or Radio <input type="checkbox"/> School or childcare provider <input type="checkbox"/> Other _____ <input type="checkbox"/> No answer/prefer not to say	
Would you like to receive information about health insurance programs for your child/children?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household smoke?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
Do you receive child /spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Documentation Required) No Answer					
Do you receive food stamps or WIC ? <input type="checkbox"/> Yes <input type="checkbox"/> No *					
Do you receive welfare payments? (i.e. CalWorks) <input type="checkbox"/> Yes <input type="checkbox"/> No*					
* If you are not receiving assistance and you make less than \$20,000 Yearly. Please explain in your letter to the scholarship committee why you are not receiving assistance.					
Names and ages of people in household: (please include grandparents and step parents)					
1. _____, _____		5. _____, _____			
2. _____, _____		6. _____, _____			
3. _____, _____		7. _____, _____			
4. _____, _____		8. _____, _____			

**Please answer the following questions:**

Home:  Own     Rent \*\* Monthly Payment: \$ \_\_\_\_\_  
 Other Monthly Payments: \_\_\_\_\_  
 Auto \$ \_\_\_\_\_ /month    Utilities \$ \_\_\_\_\_ /month

(Parent Initials)

**\*\* If you have other living arrangements please explain in the letter to the Scholarship Committee.**

## ADULT #1: INFORMATION

Adult's First Name		Adult's Last Name		Adult's Mid. Initial	Adult's Date of Birth ____/____/____ Month /day /year
Today's Date	____/____/____			Adult's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone Number		Day Time Phone Number		Email	
What is your current employment status? <input type="checkbox"/> Unemployment <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment <input type="checkbox"/> Stay at home parent <input type="checkbox"/> No answer/prefer not to say		Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say <hr/> Are you a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family member type: <input type="checkbox"/> Parent <input type="checkbox"/> Expecting mother <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent or other relative	
What is your highest level of education? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate or Professional Degree <input type="checkbox"/> No answer/prefer not to say					
Adult's Ethnicity: (check only one) <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____					

## ADULT #2: INFORMATION

Adult's First Name		Adult's Last Name		Adult's Mid. Initial	Adult's Date of Birth ____/____/____ Month /day /year
Today's Date	____/____/____			Adult's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone Number		Day Time Phone Number		Email	
What is your current employment status? <input type="checkbox"/> Unemployment <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment <input type="checkbox"/> Stay at home parent <input type="checkbox"/> No answer/prefer not to say		Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say <hr/> Are you a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family member type: <input type="checkbox"/> Parent <input type="checkbox"/> Expecting mother <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent or other relative	
What is your highest level of education? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate or Professional Degree <input type="checkbox"/> No answer/prefer not to say					
Adult's Ethnicity: (check only one) <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____					

# CHILD INFORMATION

Child's First Name	Child's Last Name	Middle Initial	Child's Date of Birth ____/____/____ Month / day / year	Child's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Ethnicity: (circle only one)					
Alaskan Native/American Indian	Asian	Black/African-American	Hispanic/Latino		
Pacific Islander	White	Multiracial	Other _____		
Does your child have any kind of health insurance now, such as through an HMO, private insurance, Gold Coast, Medi-Cal, ACE for Kids or Healthy Families? (If Yes...Circle Which One)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			No answer/prefer not to say		
Has a doctor or other health professional ever told you that your child was developmentally delayed? A developmental delay means he/she is somewhat slower physically/mentally than other children the same age.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> No answer/prefer not to say		
Has a doctor/other health professional ever told you that your child has any of the other following disabilities or special needs					
(Check all that apply.)					
<input type="checkbox"/> A serious emotional disturbance	<input type="checkbox"/> A speech impairment	Another health impairment lasting 6 months or more			
<input type="checkbox"/> A specific learning disability	<input type="checkbox"/> Deafness or another hearing impairment	<input type="checkbox"/> No			
<input type="checkbox"/> Autism or pervasive developmental disorder	<input type="checkbox"/> Blindness or another visual impairment	<input type="checkbox"/> No answer/prefer not to say			
	<input type="checkbox"/> An orthopedic impairment				
Does your child have any of the following? (Check all that apply) <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Mental health diagnosis					
Does your child have a regular doctor?			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say	
Has your child ever had a well child visit with the doctor? (a doctor visit not related to illness or injury)	Yes, when:	<input type="checkbox"/> less then 3 months ago <input type="checkbox"/> 3- 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> more then 12 months ago	No	<input type="checkbox"/> Don't know <input type="checkbox"/> No answer prefer not to say	
Does your child have a regular dentist?			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No answer/prefer not to say	
Has your child ever had a dental exam?	Yes, when:	<input type="checkbox"/> less then 3 months ago <input type="checkbox"/> 3- 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> more then 12 months ago	No	<input type="checkbox"/> Don't know <input type="checkbox"/> No answer prefer not to say	
Has your child ever been given a Developmental Check-up/Screening?	Yes, when:	<input type="checkbox"/> less then 3 months ago <input type="checkbox"/> 3- 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> more then 12 months ago	No	<input type="checkbox"/> Don't know <input type="checkbox"/> No answer prefer not to say	
Is your child currently enrolled, or was your child previously enrolled, in a preschool?					
<input type="checkbox"/> Yes, my child is currently enrolled in a preschool program.					
<input type="checkbox"/> Yes, my child attended preschool in the past, but is not currently enrolled.					
<input type="checkbox"/> No, my child has never attended preschool.					
If you answered 'yes' to the question above, meaning your child has been enrolled in a preschool either now or in the past, please answer the following questions:					
If 'yes', what is the name of the program that your child is attending or did attend in the past?					
_____					
If your child has been enrolled in a preschool either now or in the past, for approximately how many months did your child attend?					
If your child has been enrolled in a preschool either now or in the past, how often each week does your child usually attend?					
<u>Circle One</u>					
Full days	1	2	3	4	5
Half days	1	2	3	4	5

When my child goes to kindergarten, He/She will attend what school? Check One

<input type="checkbox"/> Home Schooling or Valley Oak Charter School	<input type="checkbox"/> Oak Grove School	Private
<input type="checkbox"/> Meiners Oaks Elementary School Ojai Unified School District	<input type="checkbox"/> San Antonio Elementary School	Ojai Unified School District
<input type="checkbox"/> Mira Monte Elementary School Ojai Unified School District	<input type="checkbox"/> Summit Elementary School	Ojai Unified School District
<input type="checkbox"/> Monica Ros School Private	<input type="checkbox"/> Sunset Elementary School	Ventura Unified School District
<input type="checkbox"/> Montessori School of Ojai Private	<input type="checkbox"/> Topa Topa Elementary School	Ojai Unified School District

## PRESCHOOL INFORMATION

**Is your child on any list for free or reduced childcare?**

(I.e. Child Development Resources (CDR))  Yes  No

**Has your child ever been enrolled in any preschool program before?**  Yes  No

If yes, where? \_\_\_\_\_

**Are you receiving any scholarships or subsidized aide for childcare/preschool services?**  Yes  No

**I wish for my child to attend the preschool below**

- |                                 |                                 |                           |                                |
|---------------------------------|---------------------------------|---------------------------|--------------------------------|
| <input type="checkbox"/> 5 Full | <input type="checkbox"/> 5 Half | Estimated Cost \$ _____ / | <input type="checkbox"/> month |
| <input type="checkbox"/> 4 Full | <input type="checkbox"/> 4 Half |                           | <input type="checkbox"/> week  |
| <input type="checkbox"/> 3 Full | <input type="checkbox"/> 3 Half |                           |                                |
- days per week.**

- Scholarships for less than 3 half days are NOT available.
- A half day is considered less than 5 hours.
- The age of your child **DOES** affect his/her eligibility.
- The number of days you wish he/she to attend a preschool will affect the amount funded.

**Please note:** If you are a family with at least one stay at home parent, or are employed only part time, your family can only apply for Part Time care which is up to 25 hours a week.

I understand that I must apply, pay registration and materials fees prior to being enrolled at selected school.

**I am applying for an OVNfL scholarship for my child to attend the following cooperating preschool or daycare:**

**(Please check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> A Place to Grow Preschool | <input type="checkbox"/> Dutter Family Child Care  |
| <input type="checkbox"/> Hargett Family Day Care   | <input type="checkbox"/> Monica Ros School         |
| <input type="checkbox"/> Holy Cross Preschool      | <input type="checkbox"/> Noah's Ark Preschool      |
| <input type="checkbox"/> Little Blessings Daycare  | <input type="checkbox"/> Acorn Community Preschool |
| <input type="checkbox"/> Montessori School of Ojai | <input type="checkbox"/> Oak Grove Preschool       |
| <input type="checkbox"/> Ojai Community Preschool  | <input type="checkbox"/> Teacher Judy's Kids       |
| <input type="checkbox"/> Rivera Family Childcare   |  |

**For Office Use Only:**

Is this a First 5 Participant?  Yes  No

Consent Form signed?  Yes  No Date consent form signed: \_\_\_\_/\_\_\_\_/\_\_\_\_



## PARENT/ GUARDIAN SCHOLARSHIP CONTRACT

I, as the parent/legal guardian of a recipient for a Scholarship award from the Ojai Valley Neighborhood for Learning (OVNfL), with fiscal agent /administrators Ojai Unified School District, agree to the following policies and procedures:

1. I, agree to participate in **4** designated OVNfL Family Forums and sign up to work at the OVNfL booth at the Annual Ojai Valley Family Festival. I am aware that Family Forum dates and times are to be determined, and my participation in such is mandatory. Failure to complete the designated requirements will result in my dismissal from the Scholarship Program.  (**Parent Initials**)
2. I, agree to notify the OVNfL if or when my family moves residence out of the Ojai Valley area. It is my understanding that no family who resides outside of the Ojai Valley area shall receive funding through the OVNfL Scholarship Program.  
 (**Parent Initials**)
3. I, agree to notify the OVNfL if there is a change in family income. It is my understanding change of income prior to initial award may result in a change to my overall Family Need Score, and may affect my position with the OVNfL program.  (**Parent Initials**)
4. I, agree to visit a registered childcare facility and determine whether it meets the needs of my child. As a prerequisite to accepting the OVNfL Scholarship. I understand and accept full responsibility that I have/will visit a registered childcare/ preschool of my choice to ensure that it is a safe environment and meets the needs of my child.  (**Parent Initials**)
  - A) An approved licensed childcare provider is one who has provided the OVNfL with copies of their childcare license, a minimum of \$300,000 Professional Liability Insurance and has listed the OVNfL as additional insured.
  - B) Parents have a legal right to obtain complaint information about a childcare/ preschool provider. For more information please see a staff member.
  - C) I acknowledge it is my responsibility to report to the appropriate authorities any suspicions of child abuse.
5. I, agree to submit a 2-week notice, allowed no more than 3 times in a year, which is required to change a childcare setting. However, I am aware that if the safety of my child is a concern, I am to leave immediately.  (**Parent Initials**)
6. I, agree to notify the OVNfL if I have been approved to receive subsidized childcare from another funding source. I am aware that by receiving such additional funding my scholarship award is subject to dismissal, effective immediately.  (**Parent Initials**)

7. I, agree to sign the monthly OVNfL attendance sheet available at my provider's childcare program.
8. I, agree to the Publicity and Release of Information Authorization criteria as listed:  (**Parent Initials**)
- A) I authorize the OVNfL to use the information I have provided on the Scholarship application for data collection in order to track demographics of clients, and to provide data outcome measurements.
  - B) I authorize the OVNfL to use names and photographs of Scholarship recipients in program publicity and fundraising efforts.
  - C) I am aware the OVNfL understands that this information is confidential, and that no specific information (i.e. name, address, income or history) will be given to any person or agency without my consent. I understand only the persons listed on this application may have access to the information included.
  - D) I understand that I have the right to receive a copy of this authorization upon my request.
  - E) I agree to sign the consent form at the end of this packet which will allow the OVNfL to enter my information as well as my child's into the system for statistical purposes.
9. I, agree to complete the Pre 65 and Post 63 OVNfL "Survey of Participants in First 5 Programs." at any time designated by the OVNfL, to allow rating of the level of service provided to clients.  (**Parent Initials**)
10. It is my understanding that the OVNfL will pay their portion of the subsidy for the legally observed holidays as follows: New Years Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day  (**Parent Initials**)
11. It is my understanding that the OVNfL will pay their portion of the subsidy to providers for 10 provider absences days in year (provider vacation/sick days) ONLY. The OVNfL will pay their portion of the tuition to providers for 15 family absences in a year (child vacation/sick days) ONLY. I acknowledge that any absences in excess on the providers or my behalf will result in a decrease of my monthly subsidy. (Pay deducted is determined by average daily amount of subsidy multiplied by the number of excess absences in an invoiced month). It is not the OVNfL Scholarship Program's responsibility to pay for the difference of the decreased amount.  (**Parent Initials**)
12. It is my understanding that Full-Time rates are constituted as 30 hours and above per week. If I am awarded the Full-Time rate and fail to meet a 30-hour minimum, I may be dropped to a Part-Time status and rate.  (**Parent Initials**)
13. It is my understanding that funding cannot be used for Private Kindergarten or after-school care regardless of the age of my child.  (**Parent Initials**)
14. I, agree to provide the OVNfL Scholarship Program with the documented proof if I am listing my child as having a special or alternative need.  (**Parent Initials**)
15. I, agree to be responsible for payments of my portion of the tuition to the provider. I am



aware that the OVNfL is intended to be a Partial Scholarship ONLY.

(**Parent Initials**)

16. I understand I must maintain a current balance with my provider. If I am one week behind in tuition, my child's scholarship will be rescinded.  (**Parent Initials**)

17. It is my understanding that the OVNfL is not liable for tuition payments should a Registered Provider fail to comply with Provider Rules and Regulations and payments cease. I acknowledge that any payments of such should be negotiated between the Provider and myself. When able, the OVNfL will provide sufficient notice of any change of a Provider's status with the OVNfL Scholarship Program. The OVNfL is not responsible for any unpaid tuition.  (**Parent Initials**)

18. It is my understanding that assuming all listed policies and procedures are met; my child is eligible to participate in the OVNfL Scholarship Program. I acknowledge I am not eligible for re-enrollment should I cease my participation in the Scholarship Program, my child reach the age limit (up to 6<sup>th</sup> birthday), or my Scholarship award be dismissed for failure to comply with all above listed policies and procedures.

(**Parent Initials**)

19. It is my understanding that I have a 30-day period from the issuance date of my child's scholarship, to enroll with a registered OVNfL Scholarship Provider.

(**Parent Initials**)

20. It is my understanding the OVNfL reserves the right to change the policies and procedures for this program as they see fit without notification. When able, the OVNfL will provide sufficient notice of any change in criteria. I am aware that should the OVNfL funding cease for any reason, it will be the parent/legal guardian's responsibility to cover full tuition costs.  (**Parent Initials**)

**21. It is my understanding that I will participate in a developmental screening for my child provided by the OVNfL by January 2017.  (**Parent Initials**) For developmental screening purposes my child was born at  weeks gestation.**

I,  have read and agree that all the information provided to the Ojai Valley Neighborhood for Learning is true and accurate to the best of my knowledge. ***I understand that the Ojai Valley Neighborhood for Learning reserves the right to revoke my award if it is learned that any information provided to the Ojai Valley Neighborhood for Learning is false.*** All included content of this document has been explained to me by the best of an OVNfL staff member's ability.

Name of Child

Date

Parent Name Printed

Signature

**Consent to Participate in the Evaluation of First 5 Ventura County and First 5 California  
Authorization to Share Confidential Information**

**Parent/Guardian**

As the Parent/Guardian of \_\_\_\_\_ (Child 1)  
(Child's name as listed on birth certificate) First Middle Last

\_\_\_\_\_ (Child 2)  
(Child's name as listed on birth certificate) First Middle Last

\_\_\_\_\_ (Child 3)  
(Child's name as listed on birth certificate) First Middle Last

I agree to allow **Ojai Valley NFL** to share information about me and my child/ren with First 5 Ventura County and the First 5 California evaluator. This information will help First 5 learn how programs can help children be ready to learn and do well in school. I understand that:

- Program staff will ask me questions at the start and end of this program, or every six months. Program staff also will record the program activities I participate in.
- Program staff will ask me for my child's: name, birth date, birth place, gender, current address, ethnicity (race/ethnic group), language spoken, and other information about his/her health and learning experiences.
- I will **not** be asked about drug or alcohol use, or any criminal arrests or convictions I might have. This program is not allowed to share this information unless I sign a different consent form.
- Only certain program staff and First 5 evaluation staff will be able to see my or my family's personal information (such as names, address, phone number, or place of birth). People who can see my personal information **cannot** share it with anyone else, unless program staff believe I may be in danger of being hurt or be a danger to someone else.
- Reports will **never** have information in them (such as a name or address) that might identify me or my family.
- It is very important to First 5 that my private information is safe. That is why my information will be protected with the most advanced and secure methods.
- State & federal laws protect the personal and health information I share.
- Taking part in this evaluation involves very little risk to me or my family.
- Program staff will use my information to provide better services to me and/or my child. First 5 evaluators and staff will use my information, **without** names or other identifying information, to learn what activities and programs are most useful for children and families.
- This Authorization is voluntary; I can choose not to sign it and I still will receive the services from **Ojai Valley NFL**.
- I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to: First 5 Ventura County, 2580 East Main Street, Suite 203, Ventura, CA 93003
- My approval to use my and my child's information will end ten (10) years from the date on this form. My child can cancel this authorization in writing when he/she is a legal adult (usually 18 years of age).

If you have any questions about this form or your rights, please call (805) 648-9990

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name clearly: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name clearly: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Name of Commission Funded Program: \_\_\_\_\_

## Child Care in Ojai: Licensed OVNfL Contracted Providers

### Center-based Preschools and Daycares

#### **A Place to Grow**

Contact- Sherrie Damas  
(805) 640-4300 x1060  
414 E. Ojai Ave.  
Ojai, CA 93023  
( on the corner of Montgomery and Aliso)  
[www.ojaipreschool.com](http://www.ojaipreschool.com)

#### **Holy Cross Preschool**

Contact- Allison Sedlak  
(805) 646-8121  
1212 Maricopa HWY  
Ojai, CA 93023  
holycrossojai.org

#### **Monica Ros School**

Contact- Conner Schryver  
(805) 646-8184  
783 McNell Road  
Ojai, CA 93023  
[www.monicaros.org](http://www.monicaros.org)

#### **Montessori School of Ojai**

Contact- Patrice Magill  
(805) 649-2525  
806. W Baldwin Rd.  
Ojai, CA 93023  
[www.montessorischoolofojai.org](http://www.montessorischoolofojai.org)

#### **Noah's Ark Preschool**

Contact- Vivian Carlson  
(805) 646-8745  
120 Church Rd.  
Ojai, CA 93023

#### **Oak Grove Preschool**

Contact- Joy Maguire Parsons  
(805) 646-8236 X- 109  
220 W. Lomita Ave.  
Ojai, CA 93023  
[www.oakgroveumc.com/374741](http://www.oakgroveumc.com/374741)

### Family Home Preschools and Daycares

#### **Acorn Community Preschool**

Contact 'Faeth' Meghan Mulqueen  
(805) 921-6104  
<http://www.acorncommunityschool.org/>  
Meiners Oaks, CA 93023

#### **Dutter Family Preschool & Child Care**

Contact- Brittany Dutter  
(805) 794-1485  
[bd\\_dutter@yahoo.com](mailto:bd_dutter@yahoo.com)  
Meiners Oaks, CA

#### **Hargett Family Daycare**

Contact- Kelly Hargett  
(805) 649-5014  
Oak View, CA 93022

#### **Little Blessings Daycare**

Contact- Retha Nordyke  
(805) 640-1248  
Ojai, CA 93023

#### **Rivera Family Child Care**

Contact- Berenice Rivera  
Se Habla Español  
Phone: (805) 766-8448  
Email: [RiveraFamilyChildCare@gmail.com](mailto:RiveraFamilyChildCare@gmail.com)  
Meiners Oaks, CA

#### **Teacher Judy's Kids**

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